

**BOARD OF REGISTERED NURSING**

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ACCEPTANCE AND IMPLEMENTATION OF ORDERS

The Board has received inquiries regarding the registered nurse's responsibility for accepting and/or implementing an order when the legal authority for the order is not clear and/or when the appropriateness of the order is questioned. In response to these inquiries, the Board has developed the following guidelines which delineate the Board's expectations of a competent registered nurse (RN) in the acceptance and implementation of orders which affect the direction of client care.

STATUTORY AUTHORITY

The Nursing Practice Act, Section 2725(b)(2) states that the practice of nursing includes:

Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code.

The RN thus may accept orders initiated by physicians, dentists, podiatrists, or clinical psychologists.

ASSESSMENT

The RN is to assess all orders before implementation to determine if the order is:

- in the client's best interest;
- initiated by a person legally authorized to give direction for client care to an RN, i.e., physicians, dentists, podiatrists, clinical psychologists and nursing orders initiated by RNs;
- in accordance with all applicable statutes, regulations and agency policies.

ACTION

If the order is consistent with the aforementioned criteria, the RN may either implement the order or delegate the implementation to the appropriate person(s). In the event that any of the criteria are not met or if there is any confusion, doubt or misunderstanding about the order, the RN is to seek clarification of the order. This may include the physician, initiator of the order, nursing supervisor or other authorized medical officer. Clarification is to be obtained prior to implementation of the order. The Board requires that the RN act as the client's advocate by challenging, and if appropriate, changing decisions or activities which in the nurse's judgment do not meet the assessment criteria previously listed. The RN's actions in challenging and/or changing an order should be in conformance with any agency policies and procedures.

NURSING ADMINISTRATORS

Nursing supervisors and administrators play a crucial role when orders are appropriately challenged by an RN. The Board expects nursing supervisors and administrators to support the RN in not implementing an order which is not clearly in the client's best interest and/or does not meet the assessment criteria previously listed. Furthermore, the Board encourages nursing administrators to have written policies and procedures which define the process and channels of communication for the challenging and changing of orders by RNs.

PHYSICIAN'S TRANSMITTED ORDERS

RNs may accept and implement a medical order which is transmitted by an agent of the physician after determining: 1) that the order is **being transmitted and not initiated** by the physician's agent, e.g., nurse practitioners, physician assistants; 2) that the order is appropriate for the client's condition and is in his or her best interest; and 3) that the order is in compliance with applicable statutes, regulations and agency policies.

The Board recommends that each institution which permits RNs to accept and implement transmitted medical orders review the legal basis for transmitted orders and develop appropriate policies and procedures. In general acute care facilities, the Interdisciplinary Committee should participate in the review and development process since its responsibilities include providing for maintaining clear lines of responsibilities of the nursing service for nursing care of patients and of the medical staff for the medical care in the facility. The Board strongly urges interdisciplinary committees and nursing service administrators to preserve and/or promote clear, collaborative relationships between RNs and physicians to ensure that clients' needs are met in a safe, timely and knowledgeable manner.

Statutes and regulations pertaining to nursing, dentistry, podiatry, clinical psychology, medicine and all mid-level practitioners of medicine are primarily in the Business and Professions Code and in the Department of Health Services statutes and regulations.